

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101529568

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		2				
7		2				
8		2				
9		1				
10		1				
11		3				
12	1					
13		1				
14		1				
15		3				
16		⑦				
17			1			
18				1		
19				1		
20				1		
21				1		
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	23	←	17	←		←
TOTAL CLAIMS	25		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						